

# Cornwall Care Limited

# Trewartha

## Inspection report

Trewartha Estate, Carbis Bay, St Ives, Cornwall TR26  
2TQ  
Tel: 01736 797183  
Website:

Date of inspection visit: 30 March 2015  
Date of publication: 26/05/2015

### Ratings

#### Overall rating for this service

**Good** 

Is the service safe?

**Good** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Outstanding** 

Is the service well-led?

**Good** 

### Overall summary

Trewartha is a nursing home which provides care and support for up to 37 people. At the time of this inspection there were 35 people living at the service.

There was a registered manager in post who was responsible for the day-to-day running of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We carried out this unannounced inspection on 30 March 2015. We last inspected the service on 12 May 2014. At that inspection we had no concerns.

We inspected the service over one day. The atmosphere was very welcoming, calm and friendly. People were able to move around freely spending their time in various comfortable areas of the service as they chose. People living at the service were not able to easily express their views and experiences due to their healthcare needs. We observed care being provided and spoke to families, visitors and healthcare professionals to gain their views. Everyone spoke very positively about the staff and the management team. People told us; "Wonderful home,

# Summary of findings

wonderful people, I love them all to bits, they provide wonderful care for my mother, they are the most brilliant carers I have ever met, they really care for people as though they were their own family, I give it 110%" and "They provide really lovely care, excellent," "They are dedicated to the well-being of the residents, taking a genuine interest in each one, and supporting each other in the work they do."

People told us care was taken to provide food in an appetising manner. One family member told us; "My mother has to have her food pureed, they don't just puree up the whole meal into one plate of the same colour, she gets different foods such as vegetables, meat and potatoes pureed separately in different colours upon her plate, much nicer."

Staff working at the service had a very good understanding of the individual needs of the people they supported. Staff received training and support which enabled them to be effective in providing individualised care for people. Staff and management were aware of the importance of respecting people's rights according to the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

The service had been adapted to support the needs of people who were living with dementia. For example all bedrooms had a photograph of the person to whom the room belonged on the door, together with a picture of something that was relevant to that individual. There was clear signage around to home to help orientate people.

Staff were aware of people's preferences and choices and supported them to be as independent as possible. A wide range of relevant and meaningful activities were provided according to what people had requested on their 'wish list'. People were supported to maintain their connections with the local community by going out regularly and having people visit them from outside. Family were encouraged to stay with their family members at the service if wished.

People were well cared for. Some women wore jewellery, nail polish and make-up. Staff were kind and respectful when supporting people. People told us; "They are wonderful, so helpful and kind, always smiling and willing to assist with anything," "There is always something going on here if you want to get involved, they ask us what we

enjoy and then they arrange it for us. We go out in the minibus sometimes. They (staff) are very good here, they take an interest in each of us." Visitors told us, "They make a real fuss of people if it's a special day for them."

Staff were all well informed about the past lives of the people they cared for. Staff used this information to have meaningful conversations with people and supported them with relevant activities which they enjoyed. The care plans for people at the service were, very detailed and individualised, and regularly reviewed to take account of any changes that may have taken place. They provided staff with specific guidance and direction on how to meet each person's needs according to their preferences and choices.

Families spoke very highly of the registered manager and her deputy managers. Comments included; "It is because of them (management) that this home is like it is, lovely atmosphere, relaxing and calm, but efficiently run." The registered manager told us how they supported the families and friends of people who lived at the service. Family members were encouraged to visit whenever they wished and join people at the service for activities, meals or a drink if they wished. Staff told us unanimously they provided 'really good care' to people and their families and friends.

Staff were confident in responding to people's individual needs, quickly and calmly defusing any situations which may be challenging to people or staff. There was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time according to what was stated in the care plan.

The service sought the views and experiences of people who used the service, their families and friends. There were many compliments on display in the main entrance. All of them were thanking the management and staff for providing very good care and support of both the person who lived at the service, but also the families.

People told us; "I have always found the manageress and her team very helpful and kind and supportive," "I can ring or visit any time, they make events very special indeed, they are truly wonderful" and "Having observed how the team works together I feel that this quality is achieved through careful support and management,

# Summary of findings

which shows genuine appreciation for each member of the team.” People told us they felt the management were responsible “for the sympathetic, compassionate and nurturing atmosphere of the home.”

Staffing was stable and morale was high and the atmosphere at the service was warm, friendly and supportive. Staff told us; “I am very happy here, I have worked at other places and this is very good” and “I love my job, I feel very lucky to be supported well.”

People spoke very highly of the registered manager; “I don’t think I knew what I was looking for but Trewartha

was the eighth home I visited and I knew straight away that I had found ‘the one’. The manager started talking with such warmth about Mum moving in. We haven’t looked back since”

The culture of the service was open, honest and caring and fully focussed on people’s individual needs. Staff told us; “We are proud of what we do here” and “We are a great team.” Trewartha had been given an award for care excellence by a national care trade body in 2014/15.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People told us; “Yes I feel very safe and the staff are wonderful.” Visitors said they felt the home was a safe place for their family members to live.

Risks to individuals living at the service were identified and managed.

There were sufficient numbers of staff to meet people’s needs.

Good



### Is the service effective?

The service was effective. Staff were well trained and knowledgeable about how to meet individuals needs

Where people did not have the capacity to make decisions for themselves, the service acted in accordance with the legal requirements.

The service had been effectively adapted to support the needs of people who were living with dementia.

Good



### Is the service caring?

The service was caring. People were supported by staff who were caring and kind and respected people’s privacy and dignity.

People, their families and staff told us they felt their views were listened to and acted upon.

Staff respected people’s wishes and provided care and support in line with their wishes.

Good



### Is the service responsive?

The service was responsive. Detailed personalised care plans, including life histories, guided and directed staff how to provide person centred care.

There were a variety of meaningful and relevant activities which were chosen by people who lived at the service.

Families were supported to spend time with people who lived at the service, even ‘moving in’ for a few days to capture ‘special moments’ with a person who was living with dementia.

Outstanding



### Is the service well-led?

The service was well-led. The registered manager and her deputies were innovative and creative in how they met people’s needs in a person centred way.

Staff felt the registered manager was open, approachable and always available to support them with any issue they may have.

Families were actively involved with staff in obtaining the best outcomes for people who lived at the service.

Good



# Trewartha

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited Trewartha on 30 March 2015. The inspection was carried out by one inspector and was unannounced.

Before visiting the service we reviewed previous inspection reports, the information we held about the service and notifications of incidents. A notification is information about important events which the service is required to send us by law. The service had not been asked to

complete a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvement they plan to make.

During the inspection we spoke with the registered manager, the provider, two deputy managers, seven staff, two people who lived at the service and two family members of people who lived at the service. After the inspection we spoke with two family members of people who lived at the service and visiting healthcare professionals. Many people living at the service were unable to communicate with us as they were living with dementia. We observed care practices in the main lounge for an hour prior to lunch being served.

We looked around the service and observed care practices on the day of our inspection. We looked at three records which related to people's individual care. We also looked at four staff files and records in relation to the running of the service.

# Is the service safe?

## Our findings

People told us they felt safe living at the home and with the staff who supported them. One person told us; “Yes I feel very safe and the staff are wonderful.” Visitors said they felt the home was a safe place for their family members to live. Three visitors praised the home and staff, particularly the manager, saying; “The manager is always very helpful and kind and supportive, not only to my Dad but to me and my family too,” and; “They (the staff) always call me if anything at all changes with (the person) they are very good at that.”

Staff were aware of the different types of abuse and were clear on how they would raise any concerns they had with the management of the service. However, not all staff were clear either, about how they would raise concerns outside of the service, nor that Cornwall Council were the lead authority for investigating safeguarding concerns. We looked at the safeguarding policy and found it contained accurate information about the various types of abuse and the process for raising concerns both inside and outside of the service. The ‘Say No to Abuse’ leaflet was displayed in the entrance to the service which contained the named person at the service who should be contacted in such an instance. The training records held on the computer at the service confirmed staff had undertaken safeguarding training. The registered manager confirmed all staff had received training on safeguarding adults but stated they would be reminding staff of the process and procedure.

Care records contained detailed risk assessments which were specific to the care needs of the person. For example, there was clear guidance for how many care staff and what equipment was required to move a person safely. Many people who were living at the home had a level of dementia and some presented with behaviours that challenged others. There was specific guidance in each risk assessment which supported staff to provide care and assistance for individuals in a consistent way. There was a pet bird and two cats who were seen throughout the inspection being enjoyed by the people who lived at and visited the service. All the pets had their own risk assessments to ensure they did not pose a risk to anyone at the service.

Each person had Personal Emergency Evacuation Plan (PEEP) information which identified the action to be taken in the event of an emergency evacuation of the home. Risk assessments were regularly reviewed and updated to take account of any changes that may have taken place.

Accidents and incidents that took place in the home were recorded by staff in people’s records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and would help to ensure the potential for re-occurrence was reduced.

We looked at the arrangements in place for the administration of medicines at the service. It was clear from the Medication Administration Records (MAR) that people had received their prescribed medicines at the appropriate times. There were clear records to show if a person refused or did not require a medicine at a specific time. Staff told us the records were checked each week against the actual tablets held by the service. This meant any medicines that had not been given or recorded appropriately would be noticed and this issue would be taken up with the staff member on duty at the time it took place. The records showed that people’s medication had been given appropriately. One person did not take their prescribed medicines willingly. The service had contacted the GP who had assessed the medicines to be important and necessary for the person to take. The GP agreed the service could give the medicines covertly. This meant the medicine could be hidden in food to ensure the person had their medicine at the prescribed times. There was a signed assessment and agreement to this effect in the person’s file. The service had robust arrangements in place for the recording of controlled medicines (CD’s). These medicines require additional secure storage and recording systems by law. These medicines were stored and recorded in line with the relevant legislation. Some medicines required cold storage and the service had a dedicated fridge for medicines in the nurses room. The temperature of this fridge was checked daily to help ensure it was maintaining a safe temperature and the safe storage of the medicines could be assured. Staff who administered medicines had all received training in the safe administration of medicines.

The service had a safe recruitment process. All new staff had been thoroughly checked to help ensure they had appropriate skills and knowledge and were suitable to work with older people who may be vulnerable. The service

## Is the service safe?

was recruiting staff at the time of this inspection. The registered manager told us they had a very stable staff group with low levels of sickness absence. However, the service were recruiting one nurse, two housekeeping staff and a health care assistant to help ensure the service could cover all annual leave and unplanned sickness absences. We saw from the staffing rota there were six care staff supported by a nurse and a senior health care assistant on each day time shift. The registered manager told us there was always either herself or a deputy manager on duty seven days a week to ensure the staff team were

supported. Staff confirmed they felt there were sufficient numbers of staff to meet the needs of the people who lived at the service. Staff told us; "We are a good team, we all support and help each other and the manager is great, she will do anything that needs doing."

People received care and support in a timely manner and staff were not rushed. We observed staff were present in the lounges and dining areas at all times so that people could call upon them if required.

# Is the service effective?

## Our findings

Families told us; “The staff are very good, they are very tactile, always offering physical contact which (the person) responds to very well” and “They know what they are doing and (the person) is very happy and settled there.”

People living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. We observed care and support being provided for one hour in the main lounge just before the lunch period. People were given time and encouragement to be as independent as possible. Staff showed great skill in supporting each person according to their needs, ensuring that consent was always requested prior to carrying out a task. Some people at the home were not able to give their consent due to their healthcare needs and staff were aware of the best interest meeting process. This is when decisions about how to provide care and support for a person are made by others, but in the person’s best interests. Staff took time to introduce themselves to the person before explaining what they were suggesting and why. Staff had been provided with specific training in dementia to help ensure they had the necessary awareness to meet individual’s needs.

The service had been effectively adapted to support the needs of people who were living with dementia. All bedrooms had a photograph of the person to whom the room belonged, together with a picture of something that was relevant to that individual. There was clear signage around to home to help orientate people. For example, large pictures and labels on the doors of bathrooms and toilets. The service comprised of several small, comfortable areas where people could spend time reading quietly or watching television or listening to music.

There was a shop and coffee area where people could obtain fresh fruit, sweets and drinks. Coffee was available throughout the day from a flask in this area. This meant people could obtain hot drinks for themselves and their visitors should they wish to do so. Cold drinks were available to people in their own rooms and throughout the service. Fresh fruit was offered to people throughout the day. People were supported to make choices about what they ate. Staff offered people choices at mealtimes by showing them the plates of food that were available at the time. The kitchen staff were aware of people’s preferences and requirements. The chef had worked at the service

since 1985 and knew everyone well. Some people required to have their food provided in a way that was safe for them to eat, such as chopped or pureed. The Speech and Language specialist assessments for people who required to have their food pureed were seen in the kitchen. The menu was provided in a pictorial format in the main lounge. This helped support people to make choices for themselves and prompted them to recall what was going to be provided for the next meal. The chef told us of the plan to improve this information for people by adding the fat, sugar and calorie content of each meal below the picture of the food. A family member told us; “They do not just puree up the whole meal into one plate of the same colour, she gets different foods such as vegetables, meat and potatoes pureed separately in different colours upon her plate, much nicer.”

As well as the main kitchen there were two small kitchenettes on each side of the home. Staff and people who lived at the service, could prepare breakfast, drinks and snacks in these facilities. People could choose to eat in one of the two dining areas or wherever they wished. We saw people being supported with their meals by both staff and family members. The tables were laid with cutlery, napkins and condiments. All the meals were cooked on the premises and we were told the food was “very good and plenty of it” and “I love the food here, and the cakes.” Two people were having their food and fluid intake monitored at the time of this inspection. One person’s records were not complete, as they had not been totalled at the end of each day and some meals were not recorded. We raised this with the registered manager who explained this person’s relative visited every day and supported the person with many of their meals and drinks. The food and drink given by the relative was not always recorded by staff on the records. We spoke with this person’s relative who confirmed this and told us they was extremely happy with the care and support provided to the person. The second person’s intake records were completed appropriately and totalled each day. However, neither of these two records clearly stated how much each person should be having as a satisfactory intake in 24 hours. This meant staff were not aware if a person had received sufficient intake on any given day. The registered manager assured us this would be addressed immediately. We saw people were regularly weighed to ensure any weight loss, or gain, would be noticed.

## Is the service effective?

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us there were good opportunities for on-going training and obtaining additional qualifications. The training records identified each member of staff and the training they had undertaken and this was held together in one place. This helped ensure the registered manager could see when any updates were due. Staff files showed continuing professional development plans were in place to support career development. The service had their own moving and handling trainer who provided training to all staff. During the inspection we saw two carers assist someone from their chair into a wheelchair in the lounge. We saw both carers placed their hands under each armpit of the person and take some of the person's weight while they themselves were bent over. This practice was not in line with best practice guidance. The trainer and the registered manager agreed this was not acceptable practice and assured us it would be addressed immediately. Care files showed instances when staff had spent time with people who had exhibited behaviour that challenged others. The staff were skilled in knowing what activities would calm or distract a person, such as drawing or talking about a subject they enjoyed, or supporting them to have 'bubbly baths'. The records stated this response by staff, distracted the person and calmed them effectively.

There was an induction programme and support provided for all new staff. Staff shadowed experienced staff until they felt confident to work alone. On the day of this inspection there was a new member of staff on their first day at the service. They confirmed they had been shown around the building and told of actions to be taken in the event of an emergency. They had been provided with support throughout their first shift and felt confident and comfortable working alongside experienced staff.

There was a programme of supervision and appraisal for staff at the service. Staff confirmed this took place regularly and was supportive and helpful for them. Staff confirmed the management was always available if needed for support. Staff praised the registered manager and the deputy managers for their careful and considerate support of staff both relating to work issues but also their personal situations as well.

The registered manager had a clear understanding of the Mental Capacity Act 2005 (MCA) and knew how to make

sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework to assess people's capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and professionals, where relevant. The service considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a recent court ruling the criteria for when someone may be considered to be deprived of their liberty had changed. The provider had taken the most recent criteria into account when assessing if people might be deprived of their liberty. Applications had been made to the local authority for the authorisation of potentially restrictive care plans in line with legislative requirements. However, the organisation's policy on DoLS had not been updated to take the recent court judgement into consideration. The provider assured us this would be addressed immediately. Some care staff we spoke with were not clear on this specific legislation. However, staff were aware of people's rights to make decisions for themselves and told us of situations where they had facilitated people's decisions where possible. For example, when asked what activities they would like to take part in and where they would like to go when supported to go outside the service. We saw evidence of best interest meetings having taken place to support a person who lived at the service to make a specific decision.

In one person's care file we saw the service had a restrictive practice summary sheet clearly recording each practice that was in place for the person in order to care for them safely. A best interest meeting had been held for this person together with their family members and an application had been made for an authorisation for a potentially restrictive care plan to the local authority.

People at the service were supported to access healthcare professionals when they needed them, such as GP's, opticians, dentists and social workers. The GP provided a weekly surgery at the service for anyone who needed to consult them. We were told by visiting healthcare

## Is the service effective?

professionals that staff referred to them in a timely and appropriate way. Visitors told us staff always kept them informed if their family member was unwell or a doctor was called.

# Is the service caring?

## Our findings

Families told us; “Wonderful home, wonderful people, I love them all to bits, they provide wonderful care for my mother, they are the most brilliant carers I have ever met, they really care for people as though they were their own family, I give it 110%” and, “They provide really lovely care, excellent,” “They are dedicated to the well-being of the residents, taking a genuine interest in each one, and supporting each other in the work they do. The atmosphere is calm, relaxed and happy, which is quite an achievement for a home that caters for up to forty very confused, sometimes frightened and sometimes angry residents” and “They provide love and care for my father, he is very well cared for. He is treated with the utmost respect and at all times dignity.” Another person told us; “Dad is always kept clean and smart, and so is Trewartha, always clean, welcoming and friendly to all” and “We are all like one big family at Trewartha”. Everyone we spoke with told us about the lovely atmosphere at Trewartha. They told us it was welcoming, calm and friendly.

People, staff, visitors and external healthcare professionals all told us staff were very caring, kind and attentive to people’s needs at the service. People were very satisfied with the care provided. Staff interacted with people respectfully. Some women wore jewellery and make-up and had their nails painted. Staff were respectful at all times.

We witnessed numerous examples of staff providing support with compassion and kindness. Staff spent time chatting easily, laughing, and singing with people. During lunch people were supported by staff to eat where they chose, ensuring they were comfortable. One person asked passing staff to provide them with another cushion to make them comfortable, this was provided immediately. The staff member then returned a few minutes later to check if the person was now comfortable. The registered manager and both deputies were seen supporting the care staff team during lunchtime and supporting people with their meals.

People’s preferences and choices were respected and this was demonstrated in their care files. Daily notes, kept by staff each day, recorded not only the care and support provided but also how the person had spent their time and what they had enjoyed. Care files stated things that were important to each person such as; “(the person) does not like to get up early in the morning,” “loves strawberries,”

“prefers a woman to provide care” and “likes to have her soft toys with her.” One person’s daily records stated they had “nearly run out of perfume” and then details of the staff speaking with the person’s husband about arrangements to bring in some more. Staff we spoke with were aware of each person’s particular preferences.

During the inspection staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the home were caring with conversations being held in a gentle and understanding way. Staff always interacted with people at their eye level, for example kneeling next to them if they were sitting down. Staff knew the backgrounds of the people they cared for and we noted the staff used this information when they were with them in relevant conversations and songs.

Staff told us about how they used empathy when supporting people who were living with dementia, moving with them into their reality and sharing their experiences of their world at a particular time. Staff recorded such interactions in the daily notes.

People were encouraged to move around freely spending time where they chose to. Staff were always available to support people to move when needed. During the inspection we saw visitors arrive to spend time with family members and friends. All were greeted warmly by name by staff and offered to be accompanied into the service. Staff were able to speak knowledgeably about all the people who lived at the service and were heard chatting to visitors about the person they had come to see, updating them on how they had been spending their time.

People’s privacy was respected, and visitors were asked where they would like to spend time with people who lived at the service. Bedrooms had been personalised with people’s belongings such as photographs and ornaments to help people feel at home. Care and support was provided in privacy. Staff were heard speaking quietly to people when asking them if they required support to use the bathroom.

People and their families were encouraged to be involved in the decisions about the running of the home as well as their care. Families told us they knew about their relatives care plans and the registered manager would invite them to attend any care plan reviews if they wished. Families told

## Is the service caring?

us staff and management were good at communicating any changes in the person to their families as needed. Families felt they knew what was going on at the home at all times.



# Is the service responsive?

## Our findings

People told us; “They (the staff) are very good at letting us know if anything happens or changes with (the person) and they do what is needed in good time, like call the doctor” and “I am confident that they (the staff) would always notice if (the person) changed in some way, and would let me know.” Notes made in one person’s care file stated staff were concerned the person’s behaviour had changed recently and they appeared a little distressed. The GP was called and it was assessed that the person’s change in behaviour could be a response to pain. The GP prescribed a pain killer and the person was closely monitored by the staff for any changes in their behaviour. Staff reported a few days later the person’s behaviour had returned to normal. This showed staff had a good understanding of how to respond to individuals’ needs.

Families spoke very highly of the registered manager and her deputy managers. Comments included; “They are wonderful, so helpful and kind, always smiling and willing to assist with anything” and “It is because of them (the management) that this home is like it is, lovely atmosphere, relaxing and calm, but efficiently run.” The registered manager told us how they supported the families and friends of people who lived at the service. Family members were encouraged to visit whenever they wanted and join people at the service for activities, meals or a drink if they wished. Staff were happy working at the service and all told us they provided really good responsive care to people and their families and friends. Staff felt there was “nothing at all” they would do differently or change at the service, with the exception of perhaps moving to a new more modern building. The current service is run from a building which was built in 1972 and was undergoing refurbishment.

People who wished to move into the service had their needs assessed to ensure the home was able to meet their needs and expectations. The registered manager was knowledgeable about people’s needs and made decisions about any new admissions by balancing the needs of any new person with the needs of people already living at the service.

The service was striving to provide care to each person which was planned according to their individual needs, interests and preferences. People’s care files contained detailed information about each person’s life history. There were copies of photographs of each person when they were

younger, holiday snaps and some had details of their family trees showing family members names. One person’s photograph of themselves with their husband on a beach holiday, had been enlarged and hung on the wall in a lounge area where the person could spend their time looking at it. Staff were all well informed about the past lives of the people they cared for. Staff used this information to have meaningful conversations with people and supported them with relevant activities which they enjoyed. One person’s file stated the person’s favourite song was “Going up Camborne Hill” and the words to the whole song were included in this person’s file so that staff could sing along with the person and know the words. Another person had played the piano as an entertainer in their earlier life. Staff supported the person to have access to a piano and an organ. During the inspection this person was seen playing the piano, other people sang along together with the staff. This person smiled throughout as they played.

One person who lived at the service told us; “There is always something going on here if you want to get involved, they ask us what we enjoy and then they arrange it for us. We go out in the minibus sometimes. They (the staff) are very good here, they take an interest in each of us.” The service had a varied schedule of activities. These ranged from tea dances and fitness sessions to arts and crafts, hand massage, singing, and entertainment from visiting entertainers. The service had regular social events, such as fetes, which involved people’s families and friends. The service celebrated occasions such as Easter, Christmas, Mother’s and Father’s Day and people’s birthdays. People’s religious needs were supported by regular ecumenical services of praise supported by community volunteers. During the inspection people were offered the opportunity to decorate eggs and homemade Easter cup cakes which they later enjoyed with a cup of tea. Visitors told us, “They make a real fuss of people if it’s a special day for them.” There were many photographs around the service and in people’s care files showing people’s involvement in activities.

The registered manager had introduced a “wish list” to people at the service to ensure that any planned activities and events were things that people had chosen themselves and were relevant to their interests and hobbies. One person had asked to have a smoked salmon and champagne breakfast as a special treat. Another person requested bucks fizz with their breakfast. This was arranged



## Is the service responsive?

and greatly enjoyed. One person's care file stated; "Really enjoyed her bubbly bath, has said she would like to have one regularly." The care records showed this person had been supported to have bubble baths again. People were supported to take part in domestic chores such as helping in the kitchen or laundry if they enjoyed doing this. People were encouraged to maintain their connections with the community. Family and friends were encouraged to take people out regularly, as did the staff. During the inspection we saw people were supported to go walking outside in the local area to get newspapers or shopping. Others were supported to visit the grounds surrounding the service to pick flowers for the dining tables. Staff told us they brought their pets into the service for people to enjoy. One member of staff had brought her horse to the service to spend time with a person who loved horses.

The care plans for people at the service were very detailed and individualised, and regularly reviewed to take account of any changes that may have taken place. They provided staff with specific guidance and direction on how to meet each person's needs according to their preferences and choices. One person who lived at the service had been brought up in Holland. English was their second language which they now spoke fluently. However, their dementia had meant they had increasingly returned to their mother tongue which was Dutch. One member of staff was able to speak Dutch and it was arranged that this member of staff spent time with the person, taking them out and conversing with them. The registered manager had arranged for laminated cards to be made containing regularly used sentences and questions in both English and Dutch. This meant that all staff could communicate effectively with the person when the Dutch member of staff was not on duty. Another person had been a Cornish bard, and the service supported him to attend the Gorsedd. These responses to people's needs showed that the service was providing individualised support and care.

Staff told us they found the care plans useful and were knowledgeable about the contents of each one. There were people living in the home who, when they became anxious or distressed, could display behaviour that challenged staff and others. We saw staff were confident in responding to people's needs, quickly and calmly to defuse the situation. There was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time according to what was stated in the care plan.

Staff took part in shift handover meetings. We attended the meeting at 3pm on the day of the inspection. Each person who lived at the service was discussed and any changes or concerns were raised as a particular issue for attention. Staff shared information about how people had spent their day, and any activities they had enjoyed. Planned appointments or specific care needs were also shared with the new staff coming on shift. This meant staff received up to date information about people's needs immediately before the beginning of their shift. Staff told us; "Its very helpful especially if you have had a day or two off."

The home had a central lounge and dining areas from which led four corridors where people had their own bedrooms. The registered manager told us the service had moved the fire extinguishers from beside the fire exits at the end of each corridor. They had been re-positioned inside the entry to the corridor and under an easily removable cover. This was because the registered manager had noticed that people who lived at the service would often walk to the end of a corridor, stop at the fire door, then attempt to activate the fire extinguisher. The action of moving the extinguishers to a different location had addressed this issue and stopped people inappropriately tampering with the fire extinguishers, as people's attention was not drawn to them.

The registered manager had recognised that many families and friends visited the service at weekends and wished to speak with a manager. The registered manager therefore changed the shift patterns for herself and her two deputies. This change helped ensure that a manager was always on duty at the weekends to meet with families and friends and ensure they felt involved in the care of their family member. Families were invited to attend care plan reviews and sign them to indicate they were in agreement with the contents. Some families we spoke with had read their family members care plans. Families felt very involved with the service and 'part of the family'.

The daughter of a person, who lived with dementia at the service, spoke with the registered manager about wanting to 'capture special moments' with her mother other than during brief visits. It was agreed the daughter would 'move into' the service and live with her mother, 24 hours a day, for a few days. The daughter chose to sleep in her mother's room with the intention of re-affirming the relationship with her mother. The daughter kept a diary, which was very detailed, about her experience of living at the service and



## Is the service responsive?

observing the care and support provided by staff. The diary described life at the service and was very complimentary about the staff who “even smile at 3 o’clock in the morning”. The daughter was extremely grateful for this experience which enabled her to be present at moments when her mother may have recognised her for a brief moment. This demonstrated that the service were innovative when supporting people and their families.

The service sought the views and experiences of people who used the service, their families and friends. One family member told us they had raised a concern about their family member wearing clothing which did not belong to her. We were told this was raised with the registered manager who confirmed she had recorded this as a complaint. The issue was addressed and had not re-occurred. We saw the minutes of a staff meeting where this concern was documented. It was recorded that staff should make a point of ensuring that people’s clothing was clearly marked with the name of the person to whom it belonged. The laundry system had also been reviewed to help ensure people did not have the wrong clothing returned to them. The family were very positive about how this matter was addressed and resolved.

There were many compliments on display in the main entrance. All of them were thanking the management and staff for providing very good care and support for both the person who lived at the service, and also their families. The

registered manager had obtained blank comment cards from a national online information service for the public providing information about care services. These blank cards were left in the entrance hall of the service. The comment cards had been completed by people visiting the service and sent either by post or on-line to this external organisation. A significant number of 22 people had posted specific detailed positive comments which included; “The staff are such wonderful people and the care is wonderful,” “I would definitely recommend Trewartha House. As soon as I went into the home I knew it was the right home for my dear Dad. I will never forget their kindness and support at a time when trying to come to terms with my Dad having dementia, taking him slowly away from me,” “My mother moved into Trewartha three weeks ago and the difference is very noticeable. The staff I met with are very caring, polite and very helpful in the attention of my mother. Thank you.” One person spoke of tenderness and touch being used by staff such as, “holding and stroking hands or providing a reassuring touch even when this is done briefly perhaps in passing whilst engaged in another duty”. People expressed their experiences of outstanding care and support, leading to improvements in their family members physical and mental abilities and emotional well-being.

These comments had led to Trewartha being recognised for outstanding care provision by the external online organisation and given an award in 2014/15.

# Is the service well-led?

## Our findings

There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager had overall responsibility, but shared this with two deputy managers. There were senior care assistants who supported the nurses and care assistants on each shift. People told us; “I have always found the manageress and her team very helpful and kind and supportive,” “I can ring or visit any time, they make events very special indeed, they are truly wonderful” and “Having observed how the team works together I feel that this quality is achieved through careful support and management, which shows genuine appreciation for each member of the team.” People told us they felt the management were responsible, “for the sympathetic, compassionate and nurturing atmosphere of the home.” Staff told us the registered manager would not ask them to do anything that she would not do herself. They considered her to be a good role model and leader. They told us the registered manager regularly provided care and support to people who lived at the service, working alongside care staff. The registered manager also supported the ancillary staff to ensure the home was always of a good standard and worked alongside the housekeeping team in ensuring all aspects of the home were the best they could be. The registered manager regularly spot cleaned the carpet or went around touching up the paintwork as it was necessary. She told us; “I just like to see it kept nice, so I just do whatever needs doing.”

Staff morale was high and the atmosphere at the service was warm, friendly and supportive. Staff told us; “I am very happy here, I have worked at other places and this is very good” and “I love my job, I feel very lucky to be supported well.”

The registered manager told us the organisation, which the service was part of, provided support to the management of the service with maintenance and resources. There were defect reports completed when work was required at the service. There were several of these reports pending action in a file. The registered manager told us they were all in the process of being actioned and that there were no outstanding concerns with the building that had not been assessed and planned for work to be carried out in the near future.

The registered manager was one of two named infection control leads for the service. This helped ensure there was a clear process for sharing information and ensuring any necessary action would be taken in the event of an infection risk at the service. The premises were regularly audited for cleanliness. There was no odour anywhere in the service on the day of the inspection. Equipment such as moving and handling aids, air mattresses, stand aids, and bath equipment were regularly serviced to help ensure they were safe to use. There were robust governance systems in place to help support continuous improvement in the service. The registered manager and the deputies spoke of their desire to continually improve the service provided to people and their families.

The service had recently had new carpets fitted and there was a programme of on-going maintenance and re-decoration. For example, the conservatory was due to be refurbished so that people could continue to enjoy it. The service had recently created a ‘shop’. This had been made possible by staff and families contributing to the creation of the counter and the sourcing of an old fashioned till containing old coinage such as pennies and paper money. Staff worked together to achieve improvements at the service which were led by the registered manager.

The organisation had arranged for an external auditor to spend time talking with families and friends of people who lived at the service to gain their views and experiences. This audit recorded statements such as “I don’t think I knew what I was looking for but Trewartha was the eighth home I visited and I knew straight away that I had found ‘the one’”. The manager started talking with such warmth about Mum moving in. We haven’t looked back since” and “I have no complaints at all, I wouldn’t hesitate to talk to the manager about anything and would expect to receive a sympathetic and understanding hearing.”

The culture of the service was open, honest and caring and fully focussed on people’s individual needs. Staff were well motivated and there were a number of people who had worked at the service for many years. There was a clear ethos at the service which was known by staff when we spoke with them. It was very important to all the staff and management that people who lived at the service were supported to be as independent as possible and lived their life as they chose. Care was personalised and specific to each individual. The ethos of the service was confirmed by people, their families and the staff as being in use. All

## Is the service well-led?

stated the registered manager was extremely open and always willing to listen to others. People told us the registered manager and her team were always looking for imaginative and innovative ways to improve the service it provided. Staff reported very good support and leadership from the management team who were, “always there for us”.

The registered manager, the two deputies and all the staff who were on duty on the day of this inspection were very keen to tell to us how they provided good care and support to people who lived at the service and their families. Each member of staff saw the inspection as a positive opportunity to share their good practice with the inspector. The registered manager and the two deputies were eager to be advised about any areas in which they might be able to improve in the future.

The registered manager held meetings for all groups of staff including nurses, care staff, housekeeping and catering.

The staff reported that they felt listened to and that their input to these meetings was heard and acted upon. There was also an external quality group which the registered manager had set up, to invite family members and friends of people who lived at the service to share in the running of the service. This meant their views and experiences were sought and considered in the on-going improvement of the service.

Staff were aware of how to access the policies and procedures held by the home. Information in policies such as the whistleblowing policy, safeguarding adults and the Mental Capacity Act 2005 were easily available to staff who knew where to find them if needed.

The staff were very proud of their recent award and they told us this was largely to do with the management support they received, that the ‘team’ could achieve this accolade. Staff told us; “We are proud of what we do here” and “We are a great team.”